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DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

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NEW YORK CITY.—All public health nurses feel the need of dental clinics for adult patients. Many cities have dental clinics for school children. Boston has a very remarkable dental clinic for children under 14, known as the Forsyth Dental Dispensary. Rochester has the first free dental clinic in the United States, and, one by one, other cities are coming into line by offering free dentistry to children. But no city seems to have had the energy to organize a free or "at cost" dental clinic for adults, and yet every health survey shows the crying need of good dental work among all classes of manual workers. Of course, many cities have free dental clinics attached to their colleges of dentistry, but most of these charge for the material used and in all of them the patient is more or less at the mercy of a student who is learning dentistry and who is not a trained dentist. Excellent work is done in some of these free clinics, and extremely poor work in others, and a patient who has been badly handled once, goes back most reluctantly, if at all.

It has remained for the Joint Board of Sanitary Control in the Cloak, Suit, Shirt, Dress and Waist Industries of New York City, to establish a Union Dental Clinic. This is a coöperative, self-supporting, modern clinic, employing one full-time and four part-time graduate dentists. It is intended for the members of the International Ladies' Garments Workers' Union, and treats both the members and their wives, children and other relatives.

The first annual report shows how much can be accomplished by a dental clinic which, in time, will be made entirely self-supporting. The need of the clinic was felt because an examination of 2200 workers disclosed the fact that at least 50 per cent suffered from bad, diseased and decayed teeth. Only a small proportion of these workers was able to get proper dentistry at moderate charges; many of them paid large prices for bad dental work, not realizing that the work being done on their mouths would hardly last until their bills were paid. Finally, at the suggestion of the labor leaders and at the request of the rank and file of the workers, this dental clinic was established on May 7, 1917. Up to January 1st, 958 patients had received 3,930 treatments. The clinic does all the ordinary work, including cleansing, extractions, filling, plates and X-ray. Bridges and crown work are discouraged as expensive and, in many instances, unsatisfactory.

The appointments are from 30 to 60 minutes each. The patients are charged the approximate cost of the work. For the first five months the basis of charge was \$1.50 an hour, extractions 50 cents each; partial and full plates were made for from \$5.00 to \$7.00 apiece. These charges, however, proved inadequate, so \$2.00 an hour is the present charge, except when more expensive material is used, the charge then being \$2.50 an hour. For conductive anesthesia \$1.00 is charged; 75 cents for a single X-ray and 50 cents for each additional one. For plate work the charge is \$12.00 to \$15.00 and up. These rates are about the same as those made by dentists to whom some of these patients would ordinarily go, but very much less than the average charge.

A study of the income and expenditures of the clinic shows that such a clinic should make at least \$200.00 a week to be absolutely self-supporting and that \$2.00 an hour is the least that can be charged for the work. The work of the first eight months has been considered a decided success, in spite of the fact that a slight deficit has been incurred. The problems are those which might face any group of public health workers planning the establishment of a similar clinic elsewhere, the chief one being to make the clinic self-supporting, with a slight surplus for additional expenditures. Another problem is the securing and maintaining of competent professional help. Good dentists were never more in demand than they are at present, and once the experience has been gained in a clinic of this sort, most dentists feel obliged to go into more remunerative positions. For the sake of the patients, young and inexperienced dentists without competent supervision, are undesirable and yet many clinics would be unable to secure anything else.

The educational work of the clinic has been inestimable. It has been difficult to persuade workers to discard fixed bridges and prominent, though unsightly gold crowns, and it has sometimes been equally difficult to teach them that slightly defective teeth should be cleansed and filled, not extracted or crowned. It has been very hard to teach the patients to keep their appointments, for the workers do not see the significance of a fixed appointment in the busy season, and in the dull season they have no money with which to pay for the work. As most of the workers are daytime employes, the evening appointments are the most popular. The workers need also to be educated up to the fact that good work cannot be cheap work, neither need it be unnecessarily conspicuous in its results. Having been trained to generations of poor dentistry, it will take more than eight months to teach the workers that invisible dental work is, in the long run, the most satisfactory as well as the most scientific and lasting.

In spite of these drawbacks and problems, the Union Dental Clinic is filling a long-felt want, it has done a bit of pioneer work in industrial dentistry that is being steadily appreciated by the people entitled to its benefits, and the sooner its methods are copied by other large unions throughout the country, the better off many of our trade union members will be. The report of this eight months' work can be obtained from the Joint Board of Sanitary Control, 31 Union Square, New York City, and should be very carefully read by anyone desiring an inexpensive but not entirely free dental clinic for adult patients.

ILLINOIS: CHICAGO.—Helen LaMalle (Mercy Hospital), for ten years staff nurse, school nurse, supervisor and registrar for the Visiting Nurse Association of Chicago, has been appointed one of the traveling supervisors in the nursing service of the Metropolitan Life Insurance Company. Her territory lies in Indiana, Ohio, Kentucky and Virginia and the many ex-visiting nurses in this territory will welcome her on her tour through these states. The staff of the Visiting Nurse Association gave Mrs. LaMalle a final dinner in the rooms of the College Club, and the supervisors had a dinner with her at the Chicago Nurses' Club, during which the reminiscences of ten years of service were very freely indulged in, much to the edification of the younger members of the staff.

The Elizabeth McCormick Memorial Fund, of which Mrs. Ira Couch Wood (former President of the Illinois Training School) is Director, is starting a child welfare campaign throughout the state of Illinois, in coöperation with the Woman's Committee of the State Council of Defense. She is sending out to every woman's club in the state a questionnaire regarding local child welfare conditions and asking if the town has a public health nurse, if it desires one, and what it will do to help the nurse if one is secured for the local work.

CALIFORNIA.—Estelle S. Edson (Hahnemann Hospital, Philadelphia), Tuberculosis Visiting Nurse for Sacramento, was made agent for Red Cross seals last December and as a result of a very spirited campaign, in which the newspapers gave most generously of their space, \$3,300 were taken in, as against \$881 the preceding year. The publicity work was uncommonly well done; not only were the meetings well written up but, almost daily, advertising space which would have cost local department stores a good round sum, was given to posters and to stories about Red Cross seals and the uses to which the money would be put.

MICHIGAN.—The Department of Public Health of Jackson has recently issued a little folder small enough to go into an ordinary envelope, on the subject of district nursing in communicable diseases.

Public health nurses working alone frequently wonder if they may safely care for infectious diseases and general cases. Local public opinion as well as the advice of the health commissioner is better in most instances than the practice of any other town. Nevertheless, this little folder from Jackson will help those nurses who cannot get local advice, but who are looked up to as authorities on all subjects pertaining to public health nursing, who will be commended if success crowns their efforts, and severely censured if criticism is possible.

DETROIT.—Detroit is offering for the first time, a very excellent course of lectures on the reconstruction of community life, arranged by the Associated Charities with the University of Michigan Extension Division. Mrs. Lystra E. Gretter, superintendent of the Visiting Nurse Association, is on the committee in charge of the lecture course, as well as on the Central Committee.

The request frequently comes to this Department for a program for county or local work for nurses working alone. In the Bulletin of the National Society for the Study and Prevention of Tuberculosis for October, 1917, is an excellent paper by Mary C. Nelson, former State Visiting Nurse of the Michigan Anti-Tuberculosis Association, entitled "A Program of County Work for State Visiting Nurses." This program, as its title would imply, is helpful to general as well as to tuberculosis visiting nurses. Copies of the bulletin can doubtless be obtained from the headquarters of the National Association, 105 East 22nd Street, New York City. Further mention of this paper will be made later.

MINNESOTA.—The Visiting Nurse Association of Minneapolis, for so long a subcommittee of the Associated Charities, has now become an independent organization, incorporated as the Visiting Nurse Association of Minneapolis. It is one of the more recent large associations in the country to organize an extended nursing service for people able to pay more than 50 cents or less a visit for its services. It is charging 75 cents for the first visit if the visit does not exceed one hour; a charge of 25 cents is made for each additional half hour or part thereof, a daily payment to the nurse being required. Associations which offer this service, originally made the mistake of offering an hour's service at a fixed rate; now they realize that fifteen minutes of skilled nursing service is sometimes quite as valuable as sixty minutes, and that the charge should be made accordingly. It is not the time spent, but the skill and intelligence bestowed upon the patient which, after all, is worth the fee involved.